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12971 U.S. PTO

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SUBSTITUTE for PTO/SBA Utility Patent Application Transmittal
Approved through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE09/741388
12/20/00UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.		20282DA
First Inventor or Application Identifier		Christopher F. Claiborne
Title	SUBSTITUTED IMIDAZOLES HAVING CYTOKINE INHIBITORY ACTIVITY	
Express Mail Label No.		EL523907945US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)		6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statements verifying identity of above copies
2. <input checked="" type="checkbox"/> Specification [Total Pages 28]		ACCOMPANYING APPLICATION PARTS
3. <input type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets []] [Total Pages []]		7. <input type="checkbox"/> Assignment papers (cover sheet & document(s))
4. Oath or Declaration <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 14 completed) <ul style="list-style-type: none"> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33 (b). 		8. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney
5. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		9. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
		10. <input checked="" type="checkbox"/> Preliminary Amendment
		11. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
		12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
		13. <input type="checkbox"/> Other: _____

14. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

 Continuation Divisional Continuation-in-part (CIP) of prior application No. 09 / 358,199

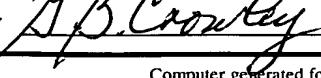
Prior application information: Examiner P.L. Morris Group/Art Unit: 1625

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.

15. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer No. 000210 (Insert Customer No. or Attach bar code here)			
NAME	SHU M. LEE			
ADDRESS	Merck & Co., Inc., P. O. Box 2000 - Patent Dept., RY60-30			
CITY	Rahway	STATE	NJ	ZIP CODE
COUNTRY	USA	TELEPHONE	732-594- 2675	FAX

Name	SHU M. LEE	Registration No. (Attorney/Agent)	41,147
Signature		Date	12/20/2000

EXPRESS MAIL CERTIFICATE	
DATE OF DEPOSIT	December 20, 2000
EXPRESS MAIL NO.	ELS23907945US
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS EXPRESS MAIL "POST OFFICE TO ADDRESSEE" ON THE ABOVE DATE IN AN ENVELOPE ADDRESSED TO ASSISTANT COMMISSIONER FOR PATENTS, BOX PATENT APPLICATION, WASHINGTON, D.C. 20231.	
MAILED BY	
DATE	12-20-00

12/20/00
JC971
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FEE TRANSMITTAL

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT **\$710**

Complete if Known

Application Number	
Filing Date	
First Named Inventor	Christopher f. Claiborne
Examiner Name	P.L. Morris
Group Art Unit	1625
Attorney Docket Number	20282DA

METHOD OF PAYMENT (Check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **13-2755**Deposit Account Name **Merck & Co., Inc.** Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
147	2,520	For filing a request for reexamination	
115	110	Extension for reply within first month	
116	390	Extension for reply within second month	
117	890	Extension for reply within third month	
118	1,390	Extension for reply within fourth month	
128	1,890	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
140	110	Petition to revive - unavoidable	
141	1,240	Petition to revive - unintentional	
142	1,240	Utility issue fee (or reissue)	
143	440	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	180	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	710	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	For each additional invention to be examined (37 CFR 1.129(b))	
179	710	Request for Continued Examination (RCE)	
Other fee (specify) -			
Other fee (specify) -			
SUBTOTAL(3) \$0			

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	Utility filing fee	
106	320	Design filing fee	
108	710	Reissue filing fee	710
114	150	Provisional filing fee	
SUBTOTAL(1) \$710			

2. EXTRA CLAIM FEES

		Extra	Fee from below	Fee Paid
Total Claims	12	- 20	** = 0	x \$18 = 0
Independent Claims	1	- 3	** = 0	x \$80 = 0
Multiple Dependent Claims			x \$270 =	

**or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code	Fee (\$)	Fee Description
103	18	Claims in excess of 20
102	80	Independent claims in excess of 3
104	270	Multiple dependent claim, if not paid
109	80	**Reissue independent claims over original patent
110	18	**Reissue claims in excess of 20 and over original patent
SUBTOTAL(2) \$0		

SUBMITTED BY

Complete (if applicable)

Typed or Printed Name	SHU M. LEE	Reg. Number	41,147
Signature		Date	12/20/2000

Application Number: _____

Filing Date: _____

First Named Inventor: Christopher f. Claiborne

Group Art Unit: 1625

Examiner Name: P.L. Morris

Attorney Docket Number: 20282DA

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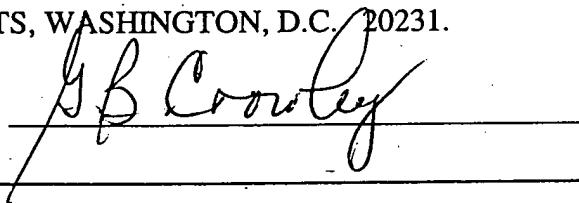
EXPRESS MAIL CERTIFICATE

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